THE ROLE OF WELL WOMAN PRACTITIONERS IN ASKING ABOUT DOMESTIC VIOLENCE

by Nancy Worcester, Ph.D.
University of Wisconsin-Madison
Domestic Violence Training Project

BACKGROUND

Well woman practitioners are in a unique position to ask women about domestic violence. It is estimated that one in four women in the USA experience domestic violence in their lifetime yet many of these women have never told anyone about this "secret." Many women who finally call the police or a domestic violence program have lived with domestic violence for years or decades. Most women who live with domestic violence have never called the police or a domestic violence program. Because of the isolation of domestic violence (isolating the woman is an extremely effective way for abusers to have control over their partners,) health practitioners are often the only people that battered women will ever have an opportunity to talk to without their partner or other family members monitoring their conversation. Because of both the physical and mental health issues which result from physical, emotional, or sexual abuse, women living with domestic violence need to call upon the health system more often than women in healthy relationships. Most women will not initiate conversations with their health providers about domestic violence and until a woman knows she can totally trust her health provider with the information, many women will deny or minimize that they are being hurt by a loved one. However, the last decade of work on improving the health system response to domestic violence has demonstrated that many women appreciate and expect that their health provider will ask about domestic violence, many women will disclose intimate violence to a practitioner they trust, and many survivors have expressed that it was their health care provider who saved their life by asking them about violence, telling them they did not deserve this, and providing them with community resource information.

ROLE OF THE HEALTH PRACTITIONER

Unlike with other medical issues, the health provider will not be able to "fix" domestic violence and most health practitioners will never know how much difference their words and information will mean. (It is common for a woman to carry a hot-line number with her for years before she finally calls it.)

The role of the health practitioner is to make it routine to ask a question or two about domestic violence which feels appropriate to her/his own personality and setting, to ask the question in a manner which demonstrates that they are ready to hear a woman's answer if she is living with domestic violence, to have information available on local domestic violence programs and resources to show or give to every patient who is willing to take it for herself or a friend, and to document any findings related to intimate violence. The goal of health care intervention is to "break the isolation" for people living with domestic violence and let them know that there are resources which can help them be safer.

ASKING ABOUT DOMESTIC VIOLENCE

Simple straight-forward, open-ended questions are the best way to show a patient that the health provider is ready to hear about violence in her life. Most practitioners and patients find it most comfortable if the domestic violence question(s) is set in a context which demonstrates that they ask all women about this issue because they are aware of how much it impacts on a patient's health and that they are comfortable talking about this issue. It is important to let patients know their answers will be confidential.

Domestic violence questions should always be asked when a practitioner is alone with the patient. These questions should never be asked in front of another adult or in front of a child old enough to have any understanding of what is being asked. Almost always, one of the biggest challenges to asking about domestic violence in health settings is figuring out where to ask the question so that no one else will hear her answer. It often takes team work and creative thinking to develop the protocol about where to ask the question and how to separate the woman from her partner or family member. Remember: the harder it is to separate a woman from an "overprotective" partner, caretaker, or family member, the more important it is!

Examples of questions:

> How are things going in your relationship with your spouse/partner (or adult child) at home?
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> Because many women get hurt by their spouse/partner (adult children) and we have many good resources to offer them, we now ask every women whether she is ever hurt (physically, emotionally, or sexually) by her spouse/partner (or adult child.) Have you ever been hurt by your spouse/partner (or adult child)?
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> How are things at home? We know that how a person is treated at home will affect her health. How do you get treated by your spouse/partner (or adult child)? What happens when you have a disagreement?
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> Are you ever afraid of your spouse/partner (or adult child)?
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> "Does your spouse/partner (or adult child) consistently control you or put you down? We know many women get emotionally controlled and hurt by people they love. Does your spouse/partner (or adult child) try to control you in ways that feel unhealthy?"
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> "What's really happening?"
> "Do you know the resources in our community if you or a friend ever needed them?"
> "I notice several bruises/injuries which are not recorded in your medical record. Is someone keeping you from talking to a health provider when you are hurt or is someone hurting you?"
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> Have you ever been forced to do sexual acts you did not wish to do? Is this going on now?

Have you ever been punched, kicked, hit or hurt in any way by a member of your family? Were you threatened or forced to do things you did not want to do?
IF YES...currently? Tell me more...How are you staying safe?...If in the past: Do you feel safe now?
IF NO...if it ever does happen to you, there are resources in the community that we can share with you.

ARE YOU READY FOR A WOMAN TO SAY "YES I AM BEING HURT?"

Women living with domestic violence are usually hyper vigilant about anything which could increase their danger, so battered women will be sensitive to whether or not a health practitioner is ready to hear about their violence. The provider's posture, appropriate eye contact, and the sincerity with which questions are asked will help an abused woman decide whether to disclose the violence in her life.

The provider is not going to "fix" this situation, so a long conversation will usually not be necessary. It is important for the provider to convey that the patient does not deserve to be hurt and that they can serve as "a bridge" to domestic violence experts in the community. The provider should also ask for enough information so that the patient feels they have been heard, so that the domestic violence can be recorded in the medical record, and the patient's immediate safety can be assessed. If the patient is in immediate danger, she should be told that domestic violence is against the law and she has the right to police intervention if she chooses and emergency shelter information should be provided.

Ideally, all patients should be offered basic information on domestic violence. In many cases it works best to offer the information as something the patient or a friend might need. In a situation where a woman refuses to take information (perhaps feeling that it could be dangerous,) it would be helpful to let the woman know that information and emergency numbers are also on display in the bathrooms. The practitioner could also offer to write the emergency number on the back of the practitioner's own business card so that it would not look suspicious if a partner or family member found the card.

CHART DOCUMENTATION

The medical chart should record that domestic violence questions were asked, what answers were given, and whether domestic violence materials were distributed. If the patient discloses abuse, it is best to use her own words in her medical chart. Whenever possible, it is a priority to get the name (or relationship) of the person who has hurt her into the medical record. The practitioner should also record the location and description of any physical trauma. (A body map can be useful for this.)

REPORTING DOMESTIC VIOLENCE

The goal of health care intervention is to help victims regain control of their lives. It is important for practitioners to respect a patient's right not to disclose domestic violence or refuse

intervention. The role of the provider is to offer patients options and allow them to make decisions in their lives. The patient should be told that domestic violence is against the law and they have the right to ask the police for help. However, **Wisconsin law (in line with what battered women have said they want) does NOT require health practitioners to report domestic violence in most situations.** The situations in which a practitioner must report abuse are: if child abuse or neglect (anyone under age 18) is disclosed or highly suspect, if there is a question regarding a patient's medical competency, if there are gunshot wounds or life-threatening injuries, and if the provider believes the patient is at high risk for life threatening or serious injury.

ROLE OF THE HEALTH SETTING

Although individual practitioners can make a huge difference in the lives of people living with domestic violence, the most effective intervention results from a group of people working together in a clinic or setting to create an environment which supports practitioners asking about domestic violence. For example, in addition to practitioners having regular supplies of domestic violence information to give patients, the waiting room and bathrooms should also have appropriate information (posters in the bathrooms, pamphlets and leaflets in waiting rooms.) One person can be responsible for regularly supplying materials for all practitioners, refilling tear-off slips on posters, and replacing materials taken from waiting rooms. Group discussions can help determine the most appropriate questions for a particular setting and establish the protocols for how patients can be interviewed alone. Most importantly, supporting each other and evaluating what is working and what needs to be improved, is the most effective way to ensure that the maximum number of practitioners are appropriately asking about domestic violence. It is also a good idea to have administrators, support staff, and security personnel trained on basic domestic violence issues.

SUPPLEMENTS AND RECOMMENDED READING:

- hand-out for practitioner to give to patients

- power and control and equality wheel and family violence in later life wheel

- list of all domestic violence programs in Wisconsin, flyer for the national domestic violence hot lines, and elder abuse agencies

- one page "Unique Role Health Workers Can Play in Recognizing and Responding to Domestic Violence"

- Fact Sheet "The Health Care Response to Domestic Violence" by the Family Violence Prevention Fund

- article "The Role of Health Care Workers in Responding to Battered Women" by Nancy Worcester, Wisconsin State Medical Journal, June, 1992.

- article “Your Words Make A Difference: Broader Implications for Screening” by Linda Chamberlain, Family Violence Prevention Fund HEALTH ALERT, summer, 2000.

- article “Women Battering: It Can Happen Anywhere” by Ronald A. Chez, Contemporary OB/GYN, May, 1997.